Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying on box. Person is a child but not your dependent b Your frot name and middle initial Last name Spoule's social security number AZHAR ALI Isyn tetrus, spouse's first name and middle initial Last name Spoule's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 42.09 Check here if you, or your City, tom, or port office. If you have a foreign address, also complete spaces below. Matt. DSOROGH MA D27.52 Doouse if filing jointly, want 33 to you is your as one or refund. Foreign country name Foreign province/state/county Foreign postal code your as or refund. You is spouse as a dependent You is spouse as a dependent. Dependents, see instructions: (1) First name Last name You is you as a dependent. You is you as a dependent. 20 Chei tor dependent. Age/Bindness (1) First name Last name You is you as a dependent. 20 Chei tor dependent. 20 Chei	E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	20	OMB No. 1545	-0074	IRS U	se Only	—Do not w	vrite or staple	in this space.
AZHAR ALI SYED 897-49-2431 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 175 AMES ST 4209 Check here if you, or your Spouse's social security number MARLBOROUGH MA 01752 box below will not change Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country You Spouse's No Standard Someone can claim: You as a dependent You re pouse as a dependent You You Spouse's No Standard Someone can claim: You as a dependent Your spouse as a dependent You You Spouse's No Dependents (see instructions): (g) Social socurity (g) Relationship (e) If qualifies for (see instructions): I 136, 723. If more a a b Tax-exempt interest 1 136, 723. Attach a a b Tax-exempt interest 4 b 5	Check only	lf yo	u checked the MFS box, enter the n	ame of	-						'		, ,	. , . ,
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 4209 175 AMES ST Apt. no. 4209 City, town, or post office. If you have a foreign address, also complete spaces below. MA 0.17 52 MARLBOROUGH MA 0.17 52 box beloow will not change box will not	Your first name	and m	iddle initial	Last na	me							Your so	cial securi	ty number
Home address (number and street). If you have a P.0. box, see instructions. Apt. no. Apt. no. Presidential Election Campaign 175 AMES ST 4209 Check here if you, or your spouse if filing jointly, want S3 Spouse if filing jointly, want S3 MARLBOROUGH MA 01752 box below will not change your it so the filing jointly, want S3 Foreign country name Foreign province/state/county Foreign postal code you is or refund. You Spouse itemizes on a separate return or you were a dual-status alien You Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were bon before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (9) Were bon before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Age/Blindness You: (10) First name Last name (10) First name Last name (10) First name (10) First name Last name (10) First name (10) First name (11) 136, 723. Attach 2a Tax-exempt interest 2a b< Taxable amount.	AZHAR A	LI		SYEI)							897-	49-243	1
175 AMES ST 4209 Check here if you, or your filling jointly, want \$3 to go to this hund. Checking a to go to this hund. Checking a to go to this hund. Checking a tox be knew will not change your tax or refund. Foreign country name Foreign province/state/country Foreign postal code your tax or refund. You tax or refund. Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) \$\scill\$' if qualifies for (see instructions): If more than four dependents, see instructions	lf joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
Chry, Mark, Drobe druce, in your have a holegin address, also both period states below. State 20 does to go to this fund, checking a box below into change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You ryou spouse as a dependent You gouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (1) First name Last name (2) Social security (3) Felationship (4) // It qualifies for (see instructions): (2) credit for other dependents eige instructions			er and street). If you have a P.O. box, see	instructi	ons.					•		Check I	here if you,	, or your
MARLBOROUGH MA 0.1752 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 A re blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name (2) Social security (3) Relationship (4) V' if qualifies for (see instructions): If more (1) First name Last name number Child tax credit Credit for other dependents see instructions	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP co	ode				
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Adual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (i) First name Last name (i) Spouse: Was born before January 2, 1956 Is blind If more than four dependents, see instructions: (i) First name Last name (i) First name Iiii ac credit Credit for other dependents see instructions Iiiii and check Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	MARLBOR	DUGH					M	A	017	752				•
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Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) V if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name number (2) Social security (3) Relationship (4) V if qualifies for (see instructions): Attach Image: Salaries, tips, etc. Attach Form(s) W-2 Image: Salaries, tips, etc	At any time du	ring 20	020, did you receive, sell, send, excl	nange, c	or otherw	/ise acquii	re any	financial intere	est in a	any virti	ual cu	rrency?		
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4a IRA distributions 4a 5a Pensions and annuities 5a Standard Deduction for 6a Single or Married filing separately, \$12,400 Married filing yidow(er), \$24,800 Charitable contributions if you take the standard deduction. See instructions a From Schedule 1, line 22 a From Schedule 1, line 22 b Charitable contributions if you take the standard deduction. See instructions c Add lines 10a and 10b. These are your total adjustments to income c Add lines 10a and 10b. These are your total adjustments to income in Jub standard Deduction, see instructions 11 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 12 12 12 14 12 12 14 12 14 12 14 12		3a	Qualified dividends	3a			bC	ordinary divide	nds .			. 3b	,	
Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b Single or Married filing separately, \$12,400 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 -6,600. • Married filing jointly or Qualifying widow(er), \$24,800 Add lines 10a and 10b. These are your total adjustments to income: 10a • Head of household, \$18,650 Cadd lines 10a and 10b. These are your adjusted gross income 10b 10c • If you checked any box under Standard deduction or itemized deductions (from Schedule A) 11 130,123. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. 14 12,400.		4a	IRA distributions	4a			bТ	axable amoun	t			. 4b	,	
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 Married filing jointy or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard deduction or itemized deduction. (from Schedule A) It and I and I		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	ur total ir	icome					▶ 9	1	30,123.
Qualifying widow(er), \$224,800 a From Schedule 1, line 22 10a b Charitable contributions if you take the standard deduction. See instructions 10b • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income		10	Adjustments to income:											
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Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 Deduction, see instructions, see instructions. 14 12,400.	 If you checked 	12	Standard deduction or itemized	deduct	ions (fro	m Schedu	ıle A)					. 12	2	12,400.
	Standard	13	Qualified business income deduction	ion. Atta	ach Form	n 8995 or l	Form 8	995-A				. 13	3	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14												
		15	Taxable income. Subtract line 14	from lin	ie 11. lf z	ero or les	s, ente	er-0				. 15	1	17,723.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2	4972	3			16	22,333.
	17	Amount from Schedule 2, lin	e3							17	
	18	Add lines 16 and 17								18	22,333.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lin	e7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	22,333.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0.
	24	Add lines 22 and 23. This is	your total tax						. Þ	24	22,333.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	24	,713		
	b	Form(s) 1099					25b				
	с	Other forms (see instructions	5)				25c				
	d	Add lines 25a through 25c								25d	24,713.
• If you have a	26	2020 estimated tax payment								26	
qualifying child,	27	Earned income credit (EIC)			^N	Ιġ	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	3, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lin	e13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	l refunda	able c	redits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	24,713.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the	he amou	nt you	overpaid		34	2,380.
neiuliu	35a	Amount of line 34 you want			3 is attacl	ned, che	ck her	e		35a	2,380.
Direct deposit?	►b	Routing number 0 2 1	2 0 0 3	39	► c Ty	pe: 🗙] Chec	king	Savings		
See instructions.	►d	Account number 3 8 1	0 3 4 0	2 7 3 3	3 8						
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax .	. 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch		-						r 🗌	
For details on how to pay, see		2020. See Schedule 3, line 1			•						
instructions.	38	Estimated tax penalty (see ir	structions) .			. 🕨	38				
Third Party	Do	you want to allow another					See				
Designee	ins	structions	· · · · · ·				. 🕨	Yes. Co	omplete	e below.	X No
		signee's		Phone						tification	
		me 🕨		no. 🕨					per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		· · ·		Date							nt you an Identity
	, 10	ur signature		Dale	Tourocc	Jupation					IN, enter it here
Joint return?					SOFT	WARE 1	ENGI	NEER	(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's	s occupat	ion				nt your spouse an
Keep a copy for your records.	,										ection PIN, enter it here
your rooorao.			_							e inst.) 🕨	
		one no. (270)779-280		Email address	AZHAF	R_SYED	1	AHOO.CC			
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:
Preparer			SYAM PRIYA	RAM SAGAR	GUPTA	TALLAM	09/	25/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TAX									678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3	30041			Fir	m's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	١A	RE	/ 08/30/21 PRC)		Form 1040 (2020)

BAA

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to *www.irs.gov/Form1040* for instructions and the latest information.

		Attachment Sequence No. 01
Your s	ocia	al security number
007	10	2421

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR AZHAR ALI SYED

0.	1010	

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897	-4	9-2	243	31	

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,600.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
Par	line 8 . <th>9</th> <th>-6,600.</th>	9	-6,600.
		40	
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a		18a	
b	Recipient's SSN		
	Data of original diverse or constration environment (ass instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 08/30/21 PRO	Schedul	e 1 (Form 1040) 2020

Named about on num Yes No AZHAR ALI SYBD 897-49-2431 897-49-2431 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of remting personal property, use Schedule C. See instructions		ent of the Treasury Revenue Service (99)	► Go to www.irs.gov/ScheduleE f						ı.	A	ttach	nment ence No. 13
AZHRA LI SYED 97-49-2431 Part Income or Loss From Rental Real Estate and Royaties Nete if you are in the busines of meting premonal groperty, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4935 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions. ○ Yes Note B If "Yes," idd you or will you file required Form(s) 1099?	-											
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There is earth in the and line 40 on page 2 do not apply to your also enter this amount on 1	26											
					-					26		-6,600

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

20

2

Form	8889
Depar	tment of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074 2020

Attachment Sequence No. **52**

Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA
	beneficiary. If both spouses
AZHAR ALI SYED	have HSAs, see instructions ► 897-49-2431

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.		
•		× Sel	f-only Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3	3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	3,550.
9	Employer contributions made to your HSAs for 2020		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,400.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,150.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13	0.
_	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	arate F	ISAs, complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
C	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	
Part	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		

1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box For Paperwork Reduction Act Notice, see your tax return instructions.

21

5	3582	Passive Activity Loss Limitati	ons		O	MB No. 1545-1008	
Form		See separate instructions.			2020		
Departm	ent of the Treasury	Attach to Form 1040, 1040-SR, or 1041. Go to www.irs.gov/Form8582 for instructions and the lat			A	ttachment	
	Revenue Service (99)			equence No. 858			
) shown on return			Identifyir	-		
1	AR ALI SYED			897-4	19-	2431	
Part		ssive Activity Loss					
		Complete Worksheets 1, 2, and 3 before completing Part I.					
		Activities With Active Participation (For the definition of activities Rental Real Estate Activities in the instructions.)	tive participation,	see			
		net income (enter the amount from Worksheet 1, column (a))	1a	0.			
b		net loss (enter the amount from Worksheet 1, column (b))	1b (6,60				
c		allowed losses (enter the amount from Worksheet 1, column (c))	1c ()			
	-	1a, 1b, and 1c		. 1	d	-6,600.	
-		zation Deductions From Rental Real Estate Activities			-		
2a	Commercial re	vitalization deductions from Worksheet 2, column (a)	2a ()			
b		llowed commercial revitalization deductions from Worksheet 2,					
	column (b) .		2b ()			
с	Add lines 2a ai	nd 2b		. 2	c ()	
All Ot	her Passive Ac	tivities					
3a	Activities with	net income (enter the amount from Worksheet 3, column (a)) .	3a				
b	Activities with	net loss (enter the amount from Worksheet 3, column (b))	3b ()			
С	Prior years' un	allowed losses (enter the amount from Worksheet 3, column (c))	3c ()			
d	Combine lines	3a, 3b, and 3c		. 3	d		
4	Combine lines	1d, 2c, and 3d. If this line is zero or more, stop here and include	de this form with y	/our			
		es are allowed, including any prior year unallowed losses entered	l on line 1c, 2b, or				
		ses on the forms and schedules normally used		. 4	1	-6,600.	
	If line 4 is a los						
		• Line 2c is a loss (and line 1d is zero or more), skip Pa	-				
• • •		• Line 3d is a loss (and lines 1d and 2c are zero or more			-		
		status is married filing separately and you lived with your spouse ad, go to line 15.	e at any time durin	ig the ye	ear,	do not complete	
Part		Allowance for Rental Real Estate Activities With Active	Participation				
rait		ter all numbers in Part II as positive amounts. See instructions for	•				
5		ller of the loss on line 1d or the loss on line 4		. 5	5	6,600.	
6	Enter \$150,000	D. If married filing separately, see instructions	6 150,00	00.		<u> </u>	
7		adjusted gross income, but not less than zero. See instructions	7 136,72				
	Note: If line 7	is greater than or equal to line 6, skip lines 8 and 9, enter -0- on					
	line 10. Otherw	vise, go to line 8.					
8	Subtract line 7		8 13,27				
9	Multiply line 8 k	by 50% (0.50). Do not enter more than \$25,000. If married filing sepa	arately, see instruct	ions 🤇)	6,639.	
10		l ler of line 5 or line 9 1	0	6,600.	
		ss, go to Part III. Otherwise, go to line 15.					
Part	-	Allowance for Commercial Revitalization Deductions Fr			Ac	tivities	
		ter all numbers in Part III as positive amounts. See the example fo					
11	. ,	reduced by the amount, if any, on line 10. If married filing separate			-		
12		from line 4			-		
13		by the amount on line 10			-		
14 Port		lest of line 2c (treated as a positive amount), line 11, or line 13 .		. 1	4		
Part		e if any on lines to and 2s and enter the total		a	6		
15		e, if any, on lines 1a and 3a and enter the total			5	0.	
16	to find out how	Illowed from all passive activities for 2020. Add lines 10, 14, and <i>i</i> to report the losses on your tax return	u 15. See Instructi		6	6 600	
		10 TEPOIL THE 1033ES OF YOUR TAX TELUITE		.	6	6,600.	

For Paperwork Reduction Act Notice, see instructions. BAA

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Form **8582** (2020)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1-For Form 8582, Lines 1a, 1b, and 1c (see instructions)

	Currer	nt year	Prior years	Overall g	ain or loss
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
INKOLLU	0.	6,600.			6,600.
Total. Enter on Form 8582, lines 1a, 1b, and 1c	0.	6,600.			

Worksheet 2-For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and			
<u>2b </u> ►			

Worksheet 3-For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Currer	nt year	Prior years	Overall ga	ain or loss
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4-Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) oss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
INKOLLU	E Ln 22	6,600.	1.00000000	6,600.	0.
Total		6,600.	1.00	6,600.	0.

Worksheet 5-Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	



Form M-8453 Individual Income Tax Declaration for Electronic Filing

Department of

Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2020.							
Your first name and initial	Last name	Last name		Your Social Security number			
AZHAR ALI SYED			8974924	31			
If a joint return, spouse's first name and initial	Last name		Spouse's Soc				
Present street address (and apartment number)							
175 AMES ST APT NO 4209							
City/Town/Post Office	State	Zip	Filing status:	🔀 Single	Married filing jointly		
MARLBOROUGH	MA	01752		\Box Married filing separately	Head of household		

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12).	1	130123
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	6186
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	0
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	6733
5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54).	5	547
6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).	6	

Part 2. Declaration and Signature of Taxpaver

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature Date Spouse's signature (if joint return, both must sign) Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	nature and SSN or PTIN Date		Date	EIN		Check if		
			092	52021	3010	017196		self-employed
Firm name (or yours, if self-employed) a	nd address			City/Town		State	Zip	Check if also
GLOBAL TAXES LLC	2530 PEBBLE	CREEK	LN	CUMMING		GA 3	0041	paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN			Date	EIN	EIN	
	P02082703	092	52021	301017196		self-employed
Firm name (or yours, if self-employed) and a	ddress		City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 2	530 PEBBLE CREEP	C LN	CUMMING	GA	30041	





2020 Form 1

MA20001011555 Massachusetts Resident Incom FOR FULL YEAR RESIDENTS ONLY	e Tax Return				
For the year January 1-December 31, 2020 or other taxa	ble				
Year beginning Ending					
AZHAR ALI	SYED	89	7492431		
175 AMES ST	MARL	BOROUGH	MA	01752	
- 3	Amended return A	mended return due to federal	change	Apt. no.	4209
State Election Campaign Fund:				\$1 You	\$1 Spouse TOTAL
Fill in if veteran of U.S. armed forces who	served in Operations Endu	uring Freedom, Iraqi Freedom	i, Noble Eagle		
or Sinai Peninsula				You	Spouse
Taxpayer deceased				You	Spouse
Fill in if under age 18				You	Spouse
a. Total federal income	1301			Name change	
 Federal adjusted gross income 	1301	.23		Fill in if noncu	
1. Filing status (select one only):	X Single			Fill in if filing S	Schedule TDS
	Married filing joint	tly			
	Married filing sep	arate return			
	Head of househo	Id You are a custo	dial parent who has re	eleased claim to	exemption for child(ren)
2. Exemptions					
a. Personal exemptions				2a	4400
b. Number of dependents. (Do no	t include yourself or your	spouse.) Enter number	× \$	1,000 = 2b	
c. Age 65 or over before 2021	You + Spouse :	=	×	: \$700 = 2c	
d. Blindness	You + Spouse :	=	× \$	2,200 = 2d	
e. Medical/dental				2e	
f. Adoption				2f	
g. Total exemptions. Add items 2	a through 2f. Enter here a	nd on line 18		2g	4400
SIGN HERE. Under penalties of perjur	y, I declare that to the b	est of my knowledge and be	elief this return and e	enclosures are	true, correct and complete.
Your signature	Date	Spouse's signature		Date	-
				270-7	79-2805

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2020 Form 1, pg. 2 MA20001021555

Massachusetts Resident Income Tax Return 897492431

				101700
3.	Wages, salaries, tips		3	136723
4.	Taxable pensions and annuities		4	
5.	Mass. bank interest: a.	 b. exemption 	= 5	
6a.	Business/profession income/loss		6a	
6b.	Farming income/loss		6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust inc	come/loss	7	-6600
8a.	Unemployment		8a	
8b.	Mass. lottery winnings		8b	
9.	Other income from Schedule X, line 5		9	
10.	TOTAL 5.0% INCOME		10	130123
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass.	Retirement	11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R.,	U.S. or Mass. Retirement	11b	
12.	Child under age 13, or disabled dependent/spouse care	expenses	12	
13.	Number of dependent member(s) of household under ag	e 12, or dependents age 65 or over (not yo	ou or your spouse) as of	
	12/31/20, or disabled dependent(s)			
	Not more than two. a.		× \$3,600 = 13	
14.	Rental deduction. a.		÷ 2 = 14	
15.	Other deductions from Schedule Y, line 19		15	
16.	Total deductions. Add lines 11 through 15		16	2000
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16	from line 10. Not less than "0"	17	128123
18.	Exemption amount		18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 f	from line 17. Not less than "0"	19	123723
20.	INTEREST AND DIVIDEND INCOME		20	
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20		21	123723

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2020 Form 1, pg. 3 MA20001031555

Massachusetts Resident Income Tax Return 897492431

22. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585 22 6186 23. 12% INCOME. Not less than "0." ×.12 = 23 a. 24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS 24 Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 25 25. Credit recapture amount (from Credit Recapture Schedule) 26. Additional tax on installment sale 26 27. If you qualify for No Tax Status, fill in and enter "0" on line 28 28. TOTAL INCOME TAX. Add lines 22 through 26 28 6186 29. Limited Income Credit 29 30 30. Income tax due to another state or jurisdiction 31. Other credits from Credit Manager Schedule 31 32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0" 32 6186 33. Voluntary Contributions a. Endangered Wildlife Conservation 33a b. Organ Transplant Fund 33b c. Massachusetts Public Health HIV and Hepatitis Fund 33c d. Massachusetts U.S. Olympic Fund 33d e. Massachusetts Military Family Relief Fund 33e f. Homeless Animal Prevention and Care 33f Total. Add lines 33a through 33f 33 34. Use tax due on Internet, mail order and other out-of-state purchases 34 **35.** Health care penalty a. You + b. Spouse 35 36. Amended return only. Overpayment from original return 36 37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36 37 6186



2020 Form 1, pg. 4 MA20001041555

Massachusetts Resident Income Tax Return 897492431

38. 39. 40. 41. 42. 43.	Massachusetts income tax withheld 2019 overpayment applied to your 2020 estimated tax 2020 Massachusetts estimated tax payments Payments made with extension Amended return only. Payments made with original return. Not less than "0" Earned Income Credit. a. Number of qualifying children b. Amount from U.S. re	38 39 40 41 42 eturn × .30 = 43	6733
-10.	Note: You cannot claim the Earned Income Credit if your filing status is married filing		
	for an exception (see instructions). Fill in if you qualify for this exception		
44.	Senior Circuit Breaker Credit	44	
45.	Other Refundable Credits	45	
46.	Excess Paid Family Leave Withholding	46	
47.	TOTAL. Add lines 38 through 46	47	6733
48.	Overpayment. Subtract line 37 from line 47	48	547
49.	Amount of overpayment you want applied to your 2021 estimated tax	49	F 4 B
50.	Refund. Subtract line 49 from line 48. Mail to: Massachusetts DOR, PO Box 7000, B	oston, MA 02204 50	547
	Direct deposit of refund. Type of account X checking savings RTN # 021200339 account # 381034027338		
51.	Tax due. Pay online at www.mass.gov/dor/payonline.Mail to: Mass. DOR, PO BoInterestPenaltyM-2210 amt.	ox 7003, Boston, MA 02204 51	EX enclose Form M-2210
Mav t	ne Department of Revenue discuss this return with the preparer shown here?		
I do n Print SYZ	ot want preparer to file my return electronically baid preparer's name AM PRIYA RAM SAGAR GUPTA TALLAM breparer's signature	(this may delay your refund) Date Check if self-employed 09252021 Paid preparer's phone 678-965-9522	Paid preparer's SSN/PTIN P 0 2 0 8 2 7 0 3 Paid preparer's EIN 3 0 – 1 0 1 7 1 9 6
SYA	M PRIYA RAM SAGAR GUPTA TALLAM		
	BE SURE TO INCLUDE THIS PAGE WIT	TH FORM 1, PAGE 1	





2020 Schedule INC MA20INC011555

MAZUINCUII555

AZHAR ALI	SYED		897492431				
Form W-2 and 1099 Information							
A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING		
220760120	6733	136723	10672		W2		

TOTALS 6733 136723 10672





2020 Schedule HC

MA20029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). **Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return. AZHAR ALI SYED

897492431

1a.	Date of birth	04091991	1b. Spouse's date of birth	1c. Family size	1	
2	Federal adjuster	d aross income			2	130123

2.	Federal adjusted gross income	2	

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2020, you turned 18, you	3a You:	X Full-year MCC	Part-year MCC	No MCC/None			
were a part-year resident or a taxpayer was deceased.	3a Spouse:	Full-year MCC	Part-year MCC	No MCC/None			
If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.							

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2020, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)		You	Spouse
4b. MassHealth. Fill in and go to line 5	Х	You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5		You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5		You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net		You	Spouse
is not considered insurance or minimum creditable coverage.			

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

Fill in if you were not issued Form MA 1099-HC.

4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2020, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

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2020 Schedule HC, pg. 2

897492431 MA20029021555

Your Health Insurance

6 Yes No

6. Was your income in 2020 at or below 150% of the federal poverty level? If you answer Yes, you are not subject to a penalty in 2020. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2020, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2020. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2020, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2020. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a.	Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based	8a You	Yes	No
	on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by			
	health insurance?	Spouse	Yes	No
lf you a	nswer Yes, go to line 8b. If you answer No, go to line 9.			
8b.	If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2020 tax year?	8b You	Yes	No
		Spouse	Yes	No
lf you a	nswer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to li	ne 8b, go to line	Э.	
9.	Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health	9 You	Yes	No
	Connector for the 2020 tax year?	Spouse	Yes	No
lf vou a	nswer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax			

return. If you answer No to line 9, go to line 10.





2020 Schedule HC, pg. 3

MA20029031555

AZHAR ALI SYED

897492431

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2020 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements	10 You	Yes	No		
as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?	Spouse	Yes	No		
Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by					
your employer, you were self-employed or you were unemployed.					
11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC	11 You	Yes	No		
Worksheet for Line 11 in the instructions?	Spouse	Yes	No		
If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your	penalty amount				
12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements	12 You	Yes	No		
as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?	Spouse	Yes	No		
If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the					

instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2020 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal. **You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.



SYED



600

1300

897492431

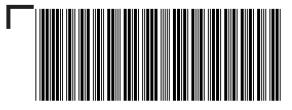
2020 Schedule E

MA20013041555

AZHAR ALI

Income or Loss from Real Estate and Royalties Income 1. Rents received 1 2. Royalties received 2 Expenses **3.** Advertising 3 4. Auto and travel 4 5. Cleaning and maintenance 5 6. Commissions 6 7 Incurance -

7.	Insurance	1	
8.	Legal and other professional fees	8	
9.	Management fees	9	500
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	
12.	Repairs	12	1500
13.	Supplies	13	1500
14.	Taxes	14	
15.	Utilities	15	2400
16.	Other expenses	16	
17.	Add lines 3 through 16	17	7200
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	7200
20.	Income or loss from rental real estate or royalty properties	20	-6600
21.	Deductible rental real estate loss	21	-6600
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-6600
24.	Rental real estate and royalty income or loss	24	-6600



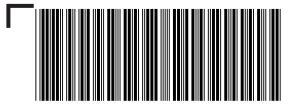
2020 Schedule E, pg. 2

MA20013051555

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Income or Loss from Partnerships and S Corporations

25.	Passive loss allowed	25
26.	Passive income	26
27.	Non-passive loss	27
28.	Section 179 expense deduction	28
29.	Non-passive income	29
30.	Combine lines 26 and 29	30
31.	Combine lines 25, 27 and 28	31
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	32
33.	Interest (other than MA banks) and dividends if included in line 32	33
34.	Interest from Massachusetts banks if included in line 32	34
35.	Total income or loss from partnerships and S corporations	35
36.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year	
_	disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	
Inco	ome or Loss from Estates and Trusts	
37.	Passive deduction or loss allowed	37
38.	Passive income	38
39.	Non-passive deduction or loss	39
40.	Non-passive other income	40
41.	Add lines 38 and 40	41
42.	Add lines 37 and 39	42
43.	Estate and trust income or loss. Combine lines 41 and 42	43
44.	Estate or non-grantor-type trust income	44
45.	Grantor-type trust and non-Massachusetts estate and trust income	45
46.	Interest and dividends if included in line 45	46
47.	Adjustments to 5.0% income	47
48.	Subtotal. Combine lines 46 and 47	48
	Income or loss from grantor type and non-Mass estates and trusts	49
Inco	ome or Loss from REMICs	
50.	Excess inclusion	50
51.	Taxable income or loss	51
52.	Income	52
53.	Combine lines 51 and 52	53





2020 Schedule E, pg. 3 MA20013061555

897492431

Farm Income

	Net farm rental income or loss	54	
Sun	nmary		
55.	Income or loss. Combine lines 24, 35, 49, 53 and 54	55	-6600
56.	Massachusetts differences Enclose statements	56	
57.	Abandoned building renovation deduction	57	
58.	Total income or loss. Combine lines 55 through 57	58	-6600





2020 Schedule E-1

MA20013011555

AZHAR ALI SYED 897492431 PLOT NO-31 VIVEKANANDA NAGAR HYDERABAD Check one: X Real estate Royalty X Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Inco	ome		
1.	Rents received	1	600
2.	Royalties received	2	
Exp	enses		
3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	1300
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	500
10.	Mortgage interest paid to banks, etc	10	
11.	Other interest	11	
12.	Repairs	12	1500
13.	Supplies	13	1500
14.	Taxes	14	
15.	Utilities	15	2400
16.	Other expenses	16	
17.	Add lines 3 through 16	17	7200
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	7200
20.	Income or loss from rental real estate or royalty properties	20	-6600
21.	Deductible rental real estate loss	21	-6600
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Enter royalty losses from line 20 or rental real estate losses from line 21	23	-6600
24.	Rental real estate and royalty income or loss	24	-6600
25.	Check if this rental property was used by you or your family for more than 14 days or more than		

10 percent of the total number of days that the property was rented at fair market value